

EXHIBIT B

STATE OF NORTH CAROLINA

CERTIFICATION OF VITAL RECORD

DURHAM COUNTY
REGISTER OF DEEDS
DURHAM, NORTH CAROLINANORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NO. 2022001074

DECEDENT TYPE IN PERMANENT BLACK, BLUE- BLACK OR BLUE INK		1a. FIRST Patricia		1b. MIDDLE Kay		1c. LAST Key		1d. SUFFIX *****	1e. LAST NAME PRIOR TO FIRST MARRIAGE Kay												
		2a. SEX Female	3a. AGE LAST BIRTHDAY (Yrs) 80	3b. UNDER 1 YEAR Months	3c. UNDER 1 DAY Days	3d. UNDER 1 DAY Hours	4. DATE OF BIRTH 1942	5. BIRTHPLACE (Country/State or Foreign Country) Portsmouth (city), VA		6. DATE OF DEATH March 31, 2022											
		7a. PLACE OF DEATH Inpatient		7b. FACILITY NAME (If not institution, give street, number, city or town) Duke University Hospital																	
		7c. COUNTY OF DEATH Durham		8. MARITAL STATUS Currently Married		9. SURVIVING SPOUSE (Give name prior to first marriage) James Franklin Key															
		10a. DECEDENT'S USUAL OCCUPATION Secretary		10b. KIND OF BUSINESS/INDUSTRY Education		11. DECEDENT'S SOCIAL SECURITY NUMBER [REDACTED]															
		12a. RESIDENCE-STATE OR FOREIGN COUNTRY North Carolina		12b. RESIDENCE-COUNTY Durham		12c. RESIDENCE-CITY OR TOWN Durham															
		12d. RESIDENCE-STREET AND NUMBER [REDACTED]		12e. INSIDE CITY LIMITS Yes		12f. ZIP CODE 27705		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? No													
		14. DECEDENT'S EDUCATION High School graduate or GED completed		15. DECEDENT OF HISPANIC ORIGIN? Not Spanish/Hispanic/Latino		16. DECEDENT'S RACE White															
PARENTS		17. PARENT/PERMANT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage) Leroy F. Kay		18. MOTHER/PERMANT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage) Mary Alice Salmon																	
DISPOSITION		19a. INFORMANT'S NAME Patricia Kay Key		19b. RELATIONSHIP TO DECEDENT Daughter		19c. MAILING ADDRESS (Street and number, City, State, Zip Code) 400 Hunt Street Unit 406, Durham, NC 27701		20c. LOCATION (City or Town and State) Raleigh, North Carolina													
		20a. METHOD OF DISPOSITION Cremation		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Triangle Cremation Services		21b. LICENSE NO. FS3372		21c. NAME OF EMBALMER													
		22. NAME AND ADDRESS OF FUNERAL HOME Cremation Society Of The Carolinas, 2205 E Millbrook Rd #101, Raleigh, NC 27604				21d. LICENSE NO.															
MEDICAL CERTIFICATION		23. Part I. Enter the <u>causes of death</u> (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.																			
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MEDICAL EXAMINER ONLY		25. MANNER OF DEATH Natural	26. WAS CASE REFERRED TO MEDICAL EXAMINER? No	27. TIME OF DEATH (Approximate) 02:22 PM	28. DID TOBACCO USE CONTRIBUTE TO DEATH? No	29. PREGNANCY STATUS, IF APPLICABLE: Not Applicable															
CERTIFIER		30. DATE PRONOUNCED 03/31/2022	31a. DATE OF INJURY	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY	31e. IF TRANSPORTATION INJURY SPECIFY:														
		31f. DESCRIBE HOW INJURY OCCURRED		31g. LOCATION OF INJURY (Street/Number/City/State)																	
REGISTRAR		<table border="0"> <tr> <td>32. CERTIFIER I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.</td> <td>33a. SIGNATURE AND TITLE OF CERTIFIER Kristi K. Tempio, MD (Signature Authenticated)</td> <td>33b. LICENSE NO. 2021-01263</td> <td>33c. DATE SIGNED 04/03/2022</td> </tr> <tr> <td></td> <td>33d. NAME AND ADDRESS OF CERTIFIER Kristi K. Tempio, 2301 Erwin Rd, Durham, NC 27710</td> <td>34. CASE ID NUMBER 8226082</td> <td>35. LOCAL FEE DATE 04/12/2022</td> </tr> <tr> <td></td> <td>36. SIGNATURE OF LOCAL REGISTRAR Rosalyn McClain (Signature Authenticated)</td> <td>37. DATE REGISTERED BY STATE 04/12/2022</td> <td></td> </tr> </table>								32. CERTIFIER I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	33a. SIGNATURE AND TITLE OF CERTIFIER Kristi K. Tempio, MD (Signature Authenticated)	33b. LICENSE NO. 2021-01263	33c. DATE SIGNED 04/03/2022		33d. NAME AND ADDRESS OF CERTIFIER Kristi K. Tempio, 2301 Erwin Rd, Durham, NC 27710	34. CASE ID NUMBER 8226082	35. LOCAL FEE DATE 04/12/2022		36. SIGNATURE OF LOCAL REGISTRAR Rosalyn McClain (Signature Authenticated)	37. DATE REGISTERED BY STATE 04/12/2022	
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		ITEM(S) AND DATE(S) CORRECTED/AMENDED																			

0705887

NORTH CAROLINA - Durham County

The foregoing is a true and accurate copy as recorded in the office of the Register of
Deeds of Durham County, Durham, N.C.

Witness by my hand and official seal this date of April 13th 2022

SHARON A. DAVIS

Register of Deeds

By:

Assistant/Deputy Register of Deeds

